ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626706
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Kelemua Father's Name: Getachew G. Father's Name: Zemedkun

Date of Birth: 08-Jan-86 Place of Birth: Jeuneta Passport Number: EP7723244 Gender: FEMALE

Address: - Region: Oromia City: N-Shoa Sub City: Muneta Woreda: _____ Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: Married Labor ID Number: EF1056 3737

Contact Person in case of Emergency: Name Alemayehu Tsegaye Telephone: 09 09150028

2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277320

Destination Country: UAE Departure (Effective) Date: _____

3. Beneficiary Information

I hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim documents, court order and liquidation report attested by the court.

	Full Name	Relationship	Percentage Share	Address/Telephone
i.	Getachew Zemed	farmer	100%	Oromia
ii.				N-Shoa
iii.				Muneta.
iv.				
v.				
vi.				
vii.				
			Total	100%

Please attached copy of Passport and Kebele ID to this form.

Name of Life Assured: Kemeanu **Signature:** _____ **Date:** 18-Nov-24